



# EmployeeUPDATE

*Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.*

A month publication for employees of the North Carolina Department of Health and Human Services

## Occupational Course of Study

# ENCSD prepares students for workplace

North Carolina high school diplomas have changed, and students in the graduating class of the Eastern North Carolina School for the Deaf are proof that the new programs work. Nine students in the class of 2004 will earn a high school diploma for their work in the new Occupational Course of Study.

The Occupational Course of Study is designed to teach students basic vocational skills such as woodworking,



Tony Lassiter stands beside an oil barrel grill made by students in welding class.

standardized testing but still have the ability to work,” said Tony Lassiter, OCS coordinator and a vocational teacher at ENCSD.

welding, graphic arts and cooking while preparing them for the competitive workplace. Only exceptional students are allowed to take the occupational pathway, and each has an individual education plan (IEP) created to evaluate his or her needs and abilities.

“This course of study is for students who would not be successful with

ENCSD has operated a local occupational program for years, but this is the first year the school will be able to give these students a high school diploma. In the past, students who finished vocationally oriented courses and work hours but were unable to complete traditional graduation requirements received only a certificate of achievement. “The State Board of Education raised the bar, set the standards and our students met it,” said Lassiter.

The OCS is one of four courses of study approved by the state board, effective beginning with ninth graders starting in the 2000-2001 school year. The other diploma tracks are Career Preparation, College Technical Preparation and College/University Preparation.

“The credits in the other three tracks are not that different from the occupational credits, but the academics in OCS are workplace oriented,” said Lassiter.

OCS requires students to complete English, math, science and health, social studies and career technical credits just as the other tracks require. Yet, ENCSD students learn academic ideas and concepts through real-world experience.

Algebra makes sense when students apply it to wood-working, and English class becomes a place to learn new welding vocabulary. Thanks to generous private donations, the ENCSD Foundation and public grants,

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Secretary's Letter

# Obesity is focus of wellness activities set for September

Dear DHHS Employee,

One of the biggest health problems facing us today is obesity. The U.S. Centers for Disease Control recently announced that obesity could soon be the leading cause of preventable death. Governor Easley is responding to this situation by proclaiming September to be Healthy North Carolina Month. He has asked leaders in each of North Carolina's 100 counties to organize a wellness activity during September.

The North Carolina Division of Public Health will be spearheading this effort. This will be another program in our arsenal to combat obesity. The division has already had success with its "Eat Smart, Move More...NC" initiative, which provides grants to local communities and promotes physical activity and healthy eating. North Carolina communities have accomplished a great deal with this program.

For instance, there is only one playground in Clay County; it is open just four months out of the year. The Clay County Smart Start team is addressing this deficiency by building a new playground that will be open and accessible year 'round for children and families to enjoy. It will be designed for use by children of all abilities and will offer physical activity that encourages a variety of motor skill options for developmental play and exercise.

In Surry County, Lowes Food and the health department teamed up to help Latino/Hispanic shoppers make healthy food choices. Lowes placed bilingual signs on its shelves to help the shoppers identify healthy foods in 24 categories.

Some churches have embraced the program's low-fat message. Grace Lutheran Church in Cabarrus County has bought a steamer so low-fat meals can be prepared. The church also promotes the use of fruits and healthy

vegetables through its covered dish suppers. The church's cookbook includes a heart-healthy section.

The Guilford County Department of Public Health and Guilford County are implementing "5 A Day" activities at three of the county's middle schools. These activities will educate students, staff and families about the importance of eating five or more fruits and vegetables a day. The school cafeterias offer fruits and vegetables, and menus include taste-tested fruit and vegetable recipes.

In Robeson County, the health department is working with local volunteer firefighters so they can serve as role models when they talk to the community about healthy eating and physical activity. The firefighters incorporate nutrition and physical activity messages into classroom or community fire prevention programs. The health department and its community partners also will provide health assessments for the firefighters. Two fire departments will serve heart-healthy entrées and unsweetened tea and water to firefighters.

Now, we are looking to all counties to think about what they can do to promote wellness for their citizens during the month of September. So much has already been accomplished through "Eat Smart, Move More...NC." Greater things are yet to come this September!

If you are interested in finding out more about "Eat Smart, Move More...NC," and how your community can benefit, you can consult the program website at <http://www.eatsmartmovemorenc.com/>. If you are interested in Healthy North Carolina Month, you can go to <http://www.dhhs.state.nc.us/healthync/>



Carmen Hooker Odom

# State Lab director has national and international roles

Dr. Lou F. Turner, director of the State Laboratory of Public Health (SLPH), was recently nominated to two prestigious assignments, one at the federal level and one at the international level.

At the invitation of the U.S. Secretary for Health and Human Services, Dr. Turner will serve a four-year term on the national Clinical Laboratory Improvement Advisory Committee (CLIAC). This 20-member group provides scientific and technical advice and guidance to the U.S. HHS secretary, the assistant secretary for health, the director of the CDC, the commissioner of the FDA and the administrator for the Centers for Medicare and Medicaid Services.

CLIAC provides advice and guidance on clinical standards for laboratories throughout the United States, including the impact of standards changes and technological advances. The committee also makes recommendations on such topics as personnel standards for laboratories, proficiency testing standards, patient test management, quality control and quality assurance standards. Dr. Turner's appointment to CLIAC begins July 1 and ends June 30, 2008.

On the international front, Dr. Turner was asked to attend the World Health Organization (WHO) meeting, "Partnerships for Sustainable Public Health Laboratory Capacity: Twinning Partnerships between National Laboratories in Developing Countries and Specialized Institutions" April 20 and 21 in Lyon, France.



Dr. Lou F. Turner

The conference focused on a program being developed by WHO and other international partners to strengthen laboratory capacity worldwide by helping national and international laboratories in their critical roles of disease surveillance and early detection of epidemic-prone diseases. As part of this effort, a two-year coaching program was designed for laboratory leaders and specialists from national public health laboratories in developing countries. The goals include training laboratory specialists, implementing specific national plans of action, establishing quality control programs, developing Internet-based communications, sharing knowledge and developing advocacy tools related to

core laboratory diagnostic capacities. To sustain the benefits of the coaching program, WHO and APHL plan to set up "twinning" programs, pairing national laboratories with specialized research or public health institutions.

The SLPH participated in a similar "sister" laboratory program several years ago with the national laboratory of Ecuador under the auspices of Pan American Health Organization (PAHO). At that time, John Sheats, then assistant laboratory director, visited Ecuador's lab. In return, laboratory specialists from Ecuador made several visits to the SLPH. Because of North Carolina's previously successful efforts in such international laboratory cooperative initiatives, the Association of Public Health Laboratories (APHL) nominated Dr. Turner to attend the WHO "twinning" initiative planning and organizing meeting in France. ■





**Jalil Isa**

*¡Salud y  
Saludos!*

## Preparedness is key to hurricane response

I recently began to communicate a message that is emphasized this time of the year: the start of hurricane season. In my case, however, the efforts were concentrated in the Hispanic media – with the goal being to get the word out to North Carolina’s Hispanic population that hurricane season is indeed upon us.

June 1 is the start, by the way, and the season wraps up November 30. While it is common practice for us to disseminate information about the routine precautionary measures individuals should take *ahead* of hurricane season, in some ways it becomes a challenge when targeting the message to the Latinos across our state.

In some cases, folks living in the interior of Mexico or other South American nations may not have experienced the full brunt of a hurricane the way many North Carolinians have. While it is unlikely a native of our state will ever truly get accustomed to storms packing the might of predecessors like hurricanes Isabel, Floyd, Fran, Hugo or Hazel, they are, for the most part, personally familiar with what a Category 2 or 3 storm can do.

But put yourself in the shoes of someone who has never lived where, or near where, a hurricane makes landfall...someone who lived where, if a storm struck within a few hundred miles, that distance might translate to a journey of several days with many obstacles... a place where information may travel equally slowly. Soon, you may have a formula for a scenario of disinformation that could carry lethal consequences. Take Hurricane Mitch, which killed more than 5,000 people in Honduras alone. This was a mega-hurricane – one of the strongest and deadliest ever in the Atlantic Basin. Nevertheless, I can’t help but wonder how many

lives could have been spared if warnings had been heeded in anticipation of the storm.

In the U.S., there are generally tried and proven systems in place designed to protect as many people as possible. It was, after all, in 1999 when more than 3 million people evacuated the eastern seashore in hopes of staying away from Hurricane Floyd. That effort wasn’t without its kinks. But who knows how many more people would have lost their lives were it not for people heeding warnings from authorities to take cover away from the coast.

So now, as yet another hurricane season gets under way, I feel obliged to try and pass along information about hurricanes to a group who may not have the intimate relationship we have with this side of Mother Nature. I want to make sure everyone is aware that information is available in Spanish, though the amount of information may be limited at times. I also want to urge the public to take as many measures as they possibly can while the sun is still shining and the tropics are still calm.

It is imperative that people become aware of exactly what may happen when another major hurricane makes landfall in North Carolina. What should be done before (emergency supply kits; familiarity with evacuation routes), during (having the right resources to stay informed), and after the storm (taking care during clean-up) are all lessons which may help keep loved ones from getting hurt. In five months, I hope I can put another hurricane season to rest knowing that either we didn’t need to put into effect our safety messages... or that our safety messages were lamentably put to the test, but also proven successful by preventing needless loss of life and property. ■

# N.C. newborn hearing screening 'exemplary'

The May 2004 state-by-state report card from the World Council on Hearing Health lists North Carolina as one of nine states receiving an "exemplary" rating for the Universal Newborn Hearing Screening Program.

The ratings are based on the percentage of newborns screened as well as the state support for the program. North Carolina's birthing facilities have been critical partners in helping us make the grade, with 98 percent of newborns screened at birth.

DHHS, the Division of Public Health, inter-agency partners including all 94 birthing/neonatal facilities and, most importantly, families have been involved in developing and supporting this program.

Staff at birthing/neonatal facilities provide hearing screenings for babies at birth, and report the results, along with the baby's "heel stick" blood sample for newborn metabolic screening, to the Division of Public Health. If a

baby does not pass the newborn hearing screening, follow-up hearing screenings – and if needed, audiological evaluation for hearing loss and intervention services – are provided through community resources. The Division of Public Health in cooperation with the Office of Education Services, provides support through direct service and consultation to monitor children who do not pass their newborn hearing screening.

The Universal Newborn Hearing Screening Program has an advisory committee that includes staff from birthing/neonatal facilities, university and community partners, and families. The advisory committee helps to set future goals, including more education for pediatricians and family practice physicians to encourage everyone to understand the importance of detecting hearing loss early in the child's life so that intervention can take place.

More information on North Carolina's Universal Newborn Hearing Screening Program is available on the web at [www.ncnewbornhearing.org](http://www.ncnewbornhearing.org) ■

## GMS student competes in Braille challenge

A fourth-grade student at the Governor Morehead School for the Blind will participate in the National Braille Challenge Invitational sponsored by the Braille Institute of America.

Preston Davis, a nine-year-old from Fayetteville, is one of 60 finalists and the only student from North Carolina competing in the final round of the competition, which is June 26 at the Braille Institute of America in Los Angeles. The national challenge includes students from grades 1-12 who are judged on the speed and accuracy of their Braille reading comprehension, spelling and proof reading.

During GMS Braille Challenge Day, all Braille students in kindergarten through 12<sup>th</sup> grade took exams as part of the preliminary round of the National Braille Challenge Invitational. Davis' test scores qualified him as one of the top Braille students in the country, and he will compete nationally in the freshman level for grades 3-4. Winners will receive prizes, including \$1,000 and \$5,000 U.S. Savings Bonds.

"Students and staff at Governor Morehead School are very excited about Preston participating in the finals. GMS students are making posters and cards wishing him good luck," said Mitch Wood, Braille specialist at Governor Morehead School.

Braille is a unique system of writing for the blind. It is formed by using different combinations of six raised dots that are read by the tips of the fingers. In grade 1 Braille, every word is spelled letter-for-letter, just as in regular print. This form takes up an enormous amount of space, and most books are printed in grade 2, which is made up of contractions and short-form words.

"We started the Braille Challenge this year at GMS to emphasize the importance of Braille," said Keri Lohmeier, principal of GMS. "The event is very popular on the West Coast, but I thought it would be nice for us to be one of the first East Coast schools to participate." ■

– Contributed by Ashley Duncan

# Ryan appointed to infant mortality advisory panel

Dr. Kevin Ryan, chief of the Women's and Children's Health Section of the Division of Public Health, has been appointed to serve on the national Advisory Committee on Infant Mortality.

The committee advises the federal government on programs directed at reducing infant mortality and improving the health status of pregnant women and infants. The committee also provides advice on coordinating the variety of federal, state, local and private pro-

grams dealing with the health and social problems leading to infant mortality. Ryan's appointment, made by U.S. Department of Health and Human Services Secretary Tommy G. Thompson, ends in September 2008.

As the top North Carolina state official addressing infant mortality, Ryan, a medical doctor with an MPH, will work with the committee on strategies to lower infant mortality and improve the health of women and children.

## ENCSD continued from page 1

the school has top-quality equipment in the wood-working shop and garage to help students learn. The equipment is adapted to protect the safety of the deaf students, but the machines and tools are heavy-duty equipment that students use to create projects such as cook-out grills,



Wood-working instructor Stan Corbett assists student Takisha Russell in a life science class.

furniture and small boxes, clocks and cutting boards.

"We are working with industrial equipment, the real thing," said Larry Allen, a welding teacher at ENCSD. "We are dealing with the stuff you have to know how to work with if you want to get a job."

And ENCSD students do get jobs. The OCS requires students to complete 900 hours of vocational training. Students have to complete 300 hours of school-based training; 240 hours of community-based training, which is not paid; and 360 hours of paid employment.

ENCSD students complete their community-based vocational training during their junior year, when they rotate jobs within the community. Each student spends three to nine weeks exploring a job, rotating during the year to work at four different businesses. These



These are examples of the student newsletter, *The Green and Gold*, and other student projects from the ENCSD print shop.

experiences help students develop a job base to choose from when they apply for integrated, competitive and paid employment. "Their special needs do not get them the job," said Lassiter.

Seniors are employed at restaurants and businesses throughout the community, and Lassiter expressed his appreciation for the local managers of these companies for their time and efforts to work with the students. "This program could not survive without the community. There's the story: give a kid a fish, he eats for a day; teach a kid to fish, he eats for a lifetime. But we can't do that without a place to go fishing and that's what the community provides," he said.

The students graduate June 3, and more than 80 percent graduating are transitioning directly into a job. "There is a lot of honor that these students have met their goal and we are all very proud of them," said Lassiter.

Established in 1964, ENCSD is one of two residential schools serving children from age 5 to 21 that are deaf or hard of hearing. There are 108 students enrolled.

— Contributed by Ashley Duncan



# Health disparities report a guide for improving outcomes

In keeping with the 2004 national Public Health focus on eliminating health disparities, a major new report, Racial and Ethnic Differences in Health in North Carolina, was released in May by DHHS.

The report takes a detailed look at differences in a wide variety of health measures among African Americans, American Indians, Asians, Hispanics/Latinos and whites in North Carolina.

The report covers health behaviors and other risk factors among adults and youth; causes of deaths; alcohol involvement in deaths from injury; cancer incidence; HIV and sexually transmitted diseases; teen pregnancies; live births; infant deaths; risk factors around the time of pregnancy; and birth defects for these population groups.

The study found poorer health among African Americans and American Indians than among whites in North Carolina across a variety of the measures. Asians had better health for nearly every indicator. Health problems appeared to be lower for Hispanics/Latinos, particularly for chronic diseases, though this may have been due in part to the very young age of the Hispanic/Latino population in North Carolina and to the “healthy migrant effect” – Latinos who have just recently migrated to the state tend to be healthier. However, Hispanics/Latinos had much higher rates than whites for homicide, HIV, sexually transmitted diseases, teen pregnancy, late or no prenatal care, and no health insurance.

While the report emphasizes areas where minority groups have worse health problems than whites, there are also

several notable areas where minority groups were better off than whites in North Carolina. Smoking was lower among African Americans, particularly during pregnancy. Chronic lung disease and suicide death rates were lower among African Americans. African American high school students were much less likely to report that they smoked or drank alcohol. The suicide death rate and most cancer rates were lower for American Indians. And smoking during pregnancy, low birth weight, and infant

mortality were lower for Hispanic/Latino births.

The report will be used to direct public health efforts and resources to improve health outcomes for large segments of the population.

Speaking to a group gathered outdoors prior to leading a 1.3-mile walk on the campus of Dorothea Dix Hospital, DHHS Secretary Carmen Hooker Odom said the report spotlights many ways in which the health of minority groups differs from that of whites. “Our goal is to look at these disparities and find ways to close those gaps, to ensure that all North Carolinians – regardless of race, ethnicity, or economic status – have an equal chance for a healthy, productive life.”

The health disparities report was produced by the State Center for Health Statistics and the Office of Minority Health and Health Disparities in DHHS. The complete publication is available on the Web at [www.schs.state.nc.us/SCHS/pdf/RaceEthnicRpt.pdf](http://www.schs.state.nc.us/SCHS/pdf/RaceEthnicRpt.pdf). ■



Secretary Hooker Odom leads a group in a walk on the campus of Dorothea Dix Hospital.



With kids out of school...

# Eat together for health and fitness

Sometimes very simple changes can make a big difference. Increasing the meals that your family eats together can make a big difference in your health, happiness and even your finances. No time to make a meal? No problem; family dinners are easier than you think.

## WHY eat together as a family?



- Families save time, money and hassle.
- Children learn skills, values and traditions.
- Children have fewer behavior problems.
- Children do better in school and on tests.
- Children and adults get the nutrients they need.
- Everyone treasures mealtime memories.

## HOW can YOU do dinner quickly and easily?

- Plan a weekly menu: Make it simple or make it detailed. The key is to have a plan for shopping and cooking. Involve the whole family for less stress for any one person.
- Cook once, eat twice: Cut down dramatically on your prep time. Cook and freeze larger batches of key ingredients, like ground beef for tacos and spaghetti sauce.
- Keep the cupboard stocked: Pack your pantry (and freezer) with staples like canned beans, tuna and fruit; pasta, rice and baking mixes; and frozen vegetables.
- Use the sandwich advantage: Nothing is quicker than a sandwich – breakfast (toaster waffles), lunch (whole grain bread) or dinner (pita pocket or tortilla wrap).

## WHAT foods make a perfect family dinner?

- Grains: High-energy carbohydrates, especially whole grains, have a place on every dinner table. A bread machine with a timer can serve it up hot right on schedule.
- Meat, fish, poultry, and beans: High-quality proteins provide “muscle” for healthy meals. Do a combo, like beef and beans in chili for an extra fiber boost.
- Vegetables and fruit: Any meal is perfect for produce. Pack one-third to one-half of your plate with a colorful bonanza of fresh, frozen or canned fruits and vegetables.
- Dairy: A glass of cold, refreshing milk –1% or less – is the beverage of choice for healthy families. Cheese, cottage cheese and yogurt are other tasty calcium sources.

## Playing Together for Health and Fitness

Being active is one of the best and easiest ways for American families to spend time together. With a small investment in time and maybe a little equipment, your family can enjoy a long list of physical and emotional benefits.

What is your family waiting for?



## WHY play together as a family?

- A family that plays together, stays together.
- Regular fun activities lead to physical fitness.
- Children who are physically fit do better in school.
- Being active helps maintain a healthy weight.
- Active play is good for kids – and their parents, too.

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# State employees get health and fitness message



Hundreds of state employees packed the James A. Graham Building on the State Fairgrounds on May 19 for the 2004 State Employees Wellness Fair. Among offerings were booths manned by DHHS staff members (left) Kim Calabretta and Jeff Mobley, with the Division of Services for the Deaf and Hard of Hearing who signed with visitor Sherry Bridges; (below, left) Christine Urso with the Division of Aging and Adult Services; (below, right) Trevon Lucas, Cheryl Evans and Anita Gutton, all of the Division of Child Development.



## Together, continued from page 8

### WHAT activities work best for families?

- Kids need 30 to 60 minutes of daily activity for optimal health. P.E. classes and athletics count. So do sports like Little League and soccer, swim classes and family activities.
- Aerobic activities: Walk the dog. Bike to the store. Swing at the park. Dance down the sidewalk. Slide at the playground. Fun, fun, fun for everyone.
- Helping activities: Kids like to help and "chores" can be fun with the right attitude. Sweep the floor to music. See how quickly you can clean up the yard.
- Fun activities: Focus on the fun and nobody will feel like they are doing exercise. Kite flying? Chasing bubbles in the wind? Splashing in a pool?



### HOW can we fit fitness into a busy schedule?

- Walk to and from school: If you live near school, start walking, biking, or riding a scooter as often as you can. Go both ways or just one way. After school, spend time at the playground or stop at the park for a game of folf (Frisbee golf) or baseball.
- Create a fun zone at home: Turn off the TVs, computers and video games. Make a place to play inside (clear a piece of carpet to toss foam balls or dance) and outside (flower or vegetable gardens, basketball hoops or an old fashioned tree house).
- Join a club: Sometimes it is safer or warmer to play indoors. Check out the options in your area. Some health clubs and gyms have fun family programs. Boys and Girls Clubs and YMCA/YWCAs often provide free or low cost family memberships.

Adapted by the NC NET Program from Eat Right Montana materials

## Adoption Profile

# Introducing Travis and Quatez...



### Introducing Travis and Quatez...

Travis and Quatez have never been separated and depend on each other for love and support. Both boys are fun-loving and affectionate. They also both love to play basketball and go hiking and fishing.

### A Closer Look at Travis...

Travis is a people person who loves to communicate with others. He is very popular with his peers, particularly the young ladies. Travis is very good with computers and hopes to go to college to become a computer specialist. He enjoys playing basketball in high school and would like to play in college, too. Travis has a tremendous amount of potential, with some very positive leadership skills. Medication and counseling have been beneficial in helping him with his feelings and conduct. He appears to be happier now that he is able to express himself. Travis has adapted well to his new school, but his grades could be better if he worked a little harder at raising them. He has made tremendous progress in all areas of his life since moving into their current home with a strict, but loving, foster mom. Travis needs to continue counseling to help him through his feelings of loss and separation.



Travis  
b. Aug. 7, 1988

Quatez  
b. Dec. 13, 1990

when he grows up. He is a special boy with lots of potential. He has a huge heart and adapts well to most situations. Quatez depends a great deal on the guidance of his big brother. He loves school and gets pretty good grades. In the past, he has been on the A/B honor roll, but it is felt that the recent move to a new school and home may be affecting his grades right now. Medication and counseling are helping Quatez learn better ways to express his frustration when he doesn't get his way, as well as with his feelings of loss and separation.

## A Family for Travis and Quatez

Travis and Quatez need a family that is familiar with teenage behavior, but where there are no other children in the home. They need consistency and structure from nurturing adoptive parents to enable them to grow up to be loving and caring adults. The boys need to remain together in a warm, friendly and supportive home. (NC #081-741) (NC #081-740)

### A Closer Look at Quatez...

Active, loving and eager to please, Quatez gets along well with everyone. He loves animals, especially dogs, and cared for and played with the dogs in his previous home. Quatez loves to be outside hunting, hiking or playing sports, but he would spend hours fishing if he could. In fact, he hasn't yet decided whether he wants to be a professional basketball player or a professional fisherman

For more information on these children or adoption or foster care in general, call NC Kids Adoption and Foster Care Network toll free at 1-877-NCKIDS-1 (1-877-625-4371).